Conflict of Interest
CANDIDATE
Statement of Financial Interest

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S.D. SEC. OF STATE

Deadline to file: Within **15 days** after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

File with: The **SECRETARY OF STATE** except local candidates file with the office where they file their nominating petition.

Candidates who file: **State and Federal Office** candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice SDCL 12-25-28);

Convention Nominee candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands SDCL 12-25-29);

Convention Nominee candidates of a **party with alternative political status** (US Senate, US House, Governor, Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands or state legislator SDCL 12-25-29.1); and

Local Office candidates (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 12-25-30)

Please print:
Full Name Noel Denis Chicoine

COMPLETE Address 1005 East Erskine St, Pierre, SD 57501

Office Sought *(list District number if applicable)* District 24 ~~Rep~~ House of Representative

What is your **occupation/profession**? Physician.

List any **source of funds** (business or economic relationship) which contributes **more than 10%** of or **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock.** Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)

**The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.*

Name of Candidate or Family Member	**Name the Source of Funds** (Ex: current employer, SD Legislature, 401K, benefits, etc.)	**Relationship to funds** (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Noel Chicoine	Sanford Health - employer NMC — Annuity	employer Annuity
Teresa Chicoine	State of S.D - employer Violet Erk Estate	employer Deceased mother
		Filed this 14th day of February 2020

I declare and affirm under the penalties of perjury that the information above has been examined by ~~me~~ and to the best of my knowledge and belief is a true, correct and complete representation of myself and ~~my immediate family's~~ financial interests for the preceding calendar year.

Noel Chicoine
(Signature)

2-14-2020
(Date)

SECRETARY OF STATE